



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	eviously filed statement for the calendar year	2007						
	LEGISLATOR INFORMATION	2007.						
Name RALPH W SAR	TY . \R	Member of:						
PO Box 520		District QQ						
City, zip code DENMARK	550PD 3/11/M	Phone 4522171						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
Name of Employer	Address	Principal Type of Economic Activity of Employer						
STATE OF MAINE STATE LEGISLATURE	Z STATE HOUSE STATE							
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)								
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.								
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)						
Name: Address:								
Name: Address:	The first section of the section of							

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT			
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the particle of the entity or person from whom the income was derived.	derived such income. If this form of			
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: Address:				
Name: Address:				
PART 3. MAJOR AREAS OF PRACTICE  (For Legislators who are attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	r firm.			
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)			
Name: Address:				
Name: Address:				
PART 4. OTHER SOURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the hov			
parage /	e gires: il flotte, effect the box.			
□ None Name and Address of Source	Kind of Income (investments, leases, etc.)			
Name: MAIDE STATE RETIREMENT SYSTEM Address: AUGUSTH, ME	RETIREMENT			
Name: SOCIAL SECURITY Address:				
PART 5. REPORTABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major			
None	•			
Name and Address of Creditor	Principal Type of Economic Activity of Creditor			
Name:				
Address:				
Name:				
Address:				
PART 6. REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If			
□ None				
Name of Source of Gift Name of 3.	Source of Gift			
2. 4.	we will notice the following the section of the same $\mu$			

PART 7. REPORTABLI	E HONO	RARI	A 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
List the source of any honoraria accepted for appearances or speeches r			
□ None		**************************************	
Name of Source of Honoraria		N	lame of Source of Honoraria
1. 3.			
2. 4.	1 Tarrita del de la composición del composición de la composición		
PART 8. REPRESENTATION BEF			
List each executive branch agency before which you represented or ass the box.	sisted oth	ers for	compensation of any amount. If none, check
☐ None	:	were was the section as	
Name of Agency		ili.	Name of Agency
1. 3.			
2. 4.		Better be	
PART 9. BUSINESS WITH:	STATE /	AGEN(	CIES
List each executive branch agency to which you or a member of your imr \$1,000 during the reporting period. If none, check the box.			
None	Average Average Control of the Contr	**************************************	Manager and the second
Name of Agency			Name of Agency
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2. 4.	<u>ścianicki kilono</u> o o o o o o o o o o o o o o o o o o	######################################	The state of the s
PART 10. INCOME RECEIVED BY MEM			
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	f \$1.000 c	or more	e received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Received	appro	rcle opriate tter	Kind of Income
1. ADMUSTRATION BRIDGEDN HOSPITAL	<u>S</u>	D	PORT TIME
2. SOCIAL SECURITY	s	D	
3.	S	D	Company and the second
4.	S	D	data was reflect to MSY & Solvine to district resolving the Management energy (Continues against 7 Vindados) among source of the Management and the MSY of Solvine and American S
SIGNATUR	E LARA		
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	to a fine	of \$1	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the C willfully filed a false statement, it shall refer its findings of fact to the Atte	ommissi orney Ge	on con neral.	ıcludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file the Legislator shall be presumed to have a conflict of interest on equestion in committee or in either branch of the Legislature, and sh (1 M.R.S.A. § 1019)	a require	ed state stion a	and shall be precluded from voting on any
Total Octoby			1/2/08
Signature //	•		Date

NAME:			1		· · · · · · · · · · · · · · · · · · ·		DATE:		-		
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